

## ARBITRATOR'S REQUEST FOR COMPENSATION

COUNTY OF								FOR COMPENSATION							
PL					LAINTIFF,			NO.							
vs.															
DEFENDANT															
	This case was resolved by settlement. The arbitration settlement and order of removal from the trial calendar have been filed with the clerk of the court.														
This case was resolved by award. The arbitration award has been filed with the clerk of the court.															
				lates an	d time	s were	devot	ed by t	he Ark	oitra	tor to th	is case	:		
Date Number of hours					Purpose										
I will accept State half					as full compensation: Yes No										
Please sei	nd compl	eted fo	orms t	o Arbitr	ation De	epartm	ent								
Arbitrator's signature on this form certifies that she/he was duly appointed and served on this case for the dates and times stated above.															
-					Signature						Date Signed				
FOR OFFICE USE ONLY  Make check paya															
Charge to	to TOTAL				Name of firm										
Charge to	County Charge to			Ark	Arbitrator's name (typed)										
State				Ma	Mailing address										
Payment Approved By:					City, State, Postal Code										
					Social Security or Tax Identification Number (Used for reporting compensation to Internal Revenue Service)										
Signature,	Director o	of Arbit	ration		Attorney at Law Retired Judge										
FOR STATE USE ONLY															
Doc Date Date Payment Cu Due			Current D	rrent Doc No. Ref D			vender No.			Vendor Message					
Ref Trans M Doc Code C Suf	)	Appn Index	Program Index	n Sub-Obj	Sub-sub- Object	Org Index	Alloc	Budget Unit	Mos	Project	Sub- Project	Project Phase	Amount	Invoice Number	
Jui L															